N10000001316

(Requestor's Name)				
(A)	ddress)			
(A	ddress)			
()	u u. 000,			
		40		
(C	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Nam	e)		
(De	ocument Number)			
Certified Copies	Certificates	of Status		
Octanica Oopica	Contineates	Or Otalus		
Special Instructions to	Filing Officer:			
	COP 1			

Office Use Only



600166078266

02/08/10--01033--005 **70.00

MINETART OF STATE

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	F.A.C.E.S. se	lah Incorporated	
Enclosed is an original	(PROPOSED CORPORA) and one (1) copy of the Art	TE NAME - MUST INCLU	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Byron N Name (Pi	iller rinted or typed)	-

byron_J_millere hot mail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME The name of the corporation shall be:	A.C.E.S. selah	T	
·		- ncorporated	₹00 2 0
ADDICE DE DOMESTO A CONTON			200 200 200 200
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing addr	ess if different is:		FILE
3839 Anderson Woods DR.	ess, il different is.		
Jacksonville, FL 32218			
ARTICLE III PURPOSE			
	zed is:		
To provide a faith driver	surpase to those	who participe	ate through the
Marce. Also to	provide worship and	d praise to al	I walks of I'R
through dowce.		•	
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or			
Elected by board with final		ik Man.	
The roof roy page with the	, orkly account		
ARTICLE V INITIAL DIRECTORS AN	D/OR OFFICERS		
List name(s), address(es) and specific title(s):			0
Sabrina Richard, chairman	Carissa Mckeu	ea, President	Byron Miller
3839 Anderson Woods OR.	2197 Armsdale	Rd	Treasurer
Jacksonuille, FL 32218	JACKSONVIlle, FL	32218	333 Timber Grove
ARTICLE VI INITIAL REGISTERED	AGENT AND STREET A	DDRESS	ORlando, FL 32828
The name and Florida street address (P.O. B	ox NOT acceptable) of the reg	gistered agent is:	
Byron Miller			
333 Timber Grove Court			
ORIANDO, FL 32828			
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:			
Byron Miller			
333 Timber Grove Court			
OR(ando, FL 32828	: also ander a		****
Having been named as registered agent to accept servi in this certificate, I am familiar with and accept the ap			
		21.	
Signature/Registered Agent		<u>2/6/10</u> Date	
Signature/Registered Agent		Date	
By J		2/6/10	
Signature/incorporator		Date	
<u> </u>			